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## COVER LETTER

10:	4.7	of Corporati	ons			
SUBJEC		NILLA SPA L	LC			
.,		<del></del> -	Name of Limi	ted Liability C	ompany	
The encl	losed Arti	eles of Amend	ment and fee(s) are subr	nitted for filir	ıg.	
Please re	eturn all c	orrespondence	concerning this matter t	o the followi	ng:	
		•	-			
		NI	NG XIA		1	
				Name of	Person	
		VA	NILLA SPA LLC			
				Firm/Co	ompany	
		706	W. BOYNTON BEAC	H BLVD		
			•	Add	ress	<del></del>
		BC	YNTON BEACH FL 33	3426		
				City/State an	d Zip Code	<del></del>
		<u> </u>	ings09@gmail.com E-mail address: (to	o be used for fi	rure annual report notifi	cation)
For furth	ner inform	ation concern	ing this matter, please ca	U:		
NING X	ŒΑ			56	739-3389	
		Name of Person		at (	<u> )</u>	Telephone Number
		tvame of reisor	•	Me	l Dayame	reteprime (vanux)
Enclosed	d is a chec	k for the follo	wing amount:			
	00 Filing		30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	i itions iter Circle

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

VANILLA SPA LLC			
(Name of the Limit	ed Liability Compan (A Florida Limited Li	v as it now appears on our records.)	
The Articles of Organization for this Limited L	iability Company v	vere filed on 1-22-2016	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			SECRETAR ALLAHAS 18 FEB 9
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered off	·	F STATE FLORID
	·		
Name of New Registered Agent:			
New Registered Office Address:	706 W. Boynton		
	Daymton Donah	Enter Florida street address	<i>C</i>
	Boynton Beach	, Florida 3342	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	·	•
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and I am fan covided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M	lanager Authorized Member		
itle	Name	<u>Address</u>	Type of Action
MGR	SHUJIE ZHENG	706 W. Boynton Beach Bly Boynton Beach FL 33426	vd Add
			Change
	<del></del>		Add
			Remove
			Change
			Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

to 706 W. Boynton Beach Blvd, Boynton Beach FL 33426	
Also add a new manager ShuJie Zheng at the address: 706	W. Boynton Beach Blvd, Boynton Beach FL 33
	S SEE
——————————————————————————————————————	7
	7: 45
ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicab eent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not a 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earli
•	
2/6/18  Wing Ywa  Signature of a member or authority	ved representative of a member
	•

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Filing Fee: \$25.00